HEALTH-CARE FINANCING ADMINISTRATION OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	02-03	Yanisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	02-03	Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	February 21, 2002	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
TYPE OF PLAN MATERIAL (Check One):    NEW STATE PLAN	E CONSIDERED AS NEW PLA	AN <b>M</b> AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	a amenament)
6, FEDERAL STATUTE/REGULATION CITATION.	7. FEDERAL BUDGET IMPACT:	
Section 1902(N) as amended by Section 4714(a) (1) (A) and (B) of P.L. 105.33	a. FFY 2002	<u>\$ 2,275.66</u>
(-)	b. FFY <b>2003</b>	<u>\$3,896.01</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS ATTACHMENT (If Applicable):	SEDED PLAN SECTION OR
Supplement 1 to Attachment 4.19-B, Page 2	Same (TN 00-17)	
0. SUBJECT OF AMENDMENT: The purpose of this amendm leductibles for Medicare Part A inpatient hospital services p mall rural hospitals.	ent is to provide for reimbur provided in small rural hosp	sement for full co-insurance itals and skilled nursing uni
leductibles for Medicare Part A inpatient hospital services part and hospitals.  1. GOVERNOR'S REVIEW (Check One):	orovided in small rural hospi , as specified: The Governor d	itals and skilled nursing unit
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Revision: HCFA-PM-91-4 (BPD)

**APRIL 1993** 

Supplement 1 to ATTACHMENT 4.19-B

Page 2

OMB No.: 0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

## METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

## Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A SP Deductibles SP Coinsurance
	Part B <u>SP</u> Deductibles <u>SP</u> Coinsurance
Other Medicaid	Part A SP Deductibles SP Coinsurance
Beneficiaries	Part B SP Deductibles SP Coinsurance
Dual Eligible	Part A <u>SP</u> Deductibles <u>SP</u> Coinsurance
(QMB Plus)	Part B SP Deductibles SP Coinsurance
QMBs:	Part A MR Deductibles MR Coinsurance - Title XVIII only services Inpatient Hospital Services provided in Small Rural Hospitals and Skilled Nursing Units in Small Rural Hospitals
	Part B MR Deductibles MR Coinsurance- Prescription Drugs .
Other Medicaid Beneficiaries	Part A MR Deductibles MR Coinsurance - Inpatient Hospital Services provided in Small Rural Hospitals and Skilled Nursing Units in Small Rural Hospitals
	Part B MR Deductibles MR Coinsurance - Prescription Drugs
Dual Eligible (QMB Plus)	Part A MR Deductibles MR Coinsurance - Title XVIII only services Inpatient Hospital Services provided in Small Rural Hospitals and Skilled Nursing Units in Small Rural Hospitals
	Part B MR Deductibles MR Coinsurance - Prescription Drugs
	STATE Louisiana  DATE REC'D 03-27-02
TN# $0^{2}$ App Supersedes TN# $0^{0}$ (7)	Proval Date         OM-26-02         Effective Date         DATE APPV'D_04-26-02         A           02-21-02         DATE EFF02-21-02         HCFA 179LA-02-03